Michelle Clark

From: Lydia Clancy <opra+request-28854-417542b6@requests.opramachine.com>
Sent: Tuesday, January 18, 2022 11:13 AM
To: Clerk
Subject: [EXTERNAL] OPRA request - Open/closed permits & survey request for 249 East Highland Avenue, Atlantic Highlands, NJ 07716

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Atlantic Highlands Borough,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.

Records requested:
Requesting OPRA for a list of all open & closed permits on the referenced property. Please include a copy of the survey if available.

Property address: 249 East Highland Avenue, Atlantic Highlands, NJ 07716
Lot: 19
Block: 4

Thank you so much.

Best Regards,
Lydia Clancy

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-28854-417542b6@requests.opramachine.com

Is clerk@ahnj.com the wrong address for OPRA requests to Atlantic Highlands Borough? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=atlantic_highlands_borough

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/openclosed_permits_survey_reques_4

Please note that in some cases publication of requests and responses will be delayed.

ATLANTIC HIGHLANDS
100 FIRST AVE
ATLANTIC HIGHLANDS, NJ 07716
732-2911444

CERTIFICATE
IDENTIFICATION

Date Issued: 05/15/2008
Control #: 2281
Permit #: 200800079

Block: 4 Lot :19

Work Site Location: 249 E HIGHLAND AVE
Atlantic Highlands

Owner in Fee: TKACH, A

Address: 249 HIGHLAND AVENUE
ATLANTIC HIGHLANDS NJ 07716

Telephone: 732 619-4211

Agent/Contractor: J SWANTON FUEL

Address: 111 BAY AVE
ATLANTIC HIGHLANDS NJ 07716

Telephone: 732 671-3835

Lic. No./ Bldrs. Reg.No.: _____ Federal Emp. No.: 22-2262019

Social Security No.: _____

Home Warranty No: _____
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-1
Maximum Live Load: _____
Construction Classification: _____
Maximum Occupancy Load: 0
Certificate Exp Date: _____
Description of Work/Use:
FURNACE

Update Desc. of Wk/Use:

[ ] **CERTIFICATE OF OCCUPANCY**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[X] **CERTIFICATE OF APPROVAL**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or will be subject to fine or order to vacate:

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work

[ ] Partial or limited time period(_____ years); see file

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

JOSEPH KACHINSKY Construction Official

Fees: $0.00
Paid[X]Check No.: 11690
Collected by: TR

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

ELECTRICAL SUBCODE TECHNICAL SECTION

ATLANTIC HIGHLANDS

Date Received: 04/09/2008 Control #: 2281

Date Issued: 04/11/2008 Permit #: 200800079

A. IDENTIFICATION APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block: 4 Lot: 19 Qualification Code:

Work Site Location: 249 E HIGHLAND AVE

Owner in Fee: TKACH, A

Address: 249HIGHLAND AVENUE
ATLANTIC HIGHLANDS NJ 07716

E-mail:

Telephone: (732) 6194211

Contractor: J SWANTON FUEL
ATTN: JAY SWANTOB

Address: 111 BAY AVE
ATLANTIC HIGHLANDS NJ 07716

E-mail:

Telephone: (732) 671-3835

Fax:

Home Improvement Registration No. or Exemption Reason:

Contractor License No.: Exp Date: Federal Emp. No.:

DESCRIPTION OF WORK:
*

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-1 Proposed

[ ]Pole/Pad # [ ]Temporary [ ] Other

Building Occupied as Utility Co.

1. New Building $0.00 2. Rehabilitation $1,334.00

3. Demolition $0.00 Est.Cost of Elec.Work (1+2+3) $1,334.00

Job Summary(Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial-Underslab Utilities Approved

Date: Approved by:

Electric Plans Approved

Date: Approved by:

Joint Plan Review Required

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates(Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp.Serv				
Constr.Serv				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp Cut-in-Card Date Issued				
Final Cut-in-Card Date Issue				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's seal and Signature Print Name

[ ] Licensed Electrical Contractor [ ] Certified Landscape Irrigation Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motor-Fract.HP
		Emergency&Exit Lights
		Communication Points
		Alarm Devices/F.A.C. Panel
		Other 1:
		Other 2:
		TOTAL NUMBER
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
		KW Central A/C Unit
		HP/KW Space Htr./Air Handler
		KW Baseboard Heat
		HP Motors 1/+HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light
		KW Photovoltaic Systems
1		Other 3: Furnace
		Other 4:
		Other 5:
		Other 6: 0
		Other 7: 0
		Other 8: 0
		Other 9: 0

FEE (Office Use Only)

Other 3: Furnace	$35.00
Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$4.50
TOTAL FEE	$54.50

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original and three photocopies.

ATLANTIC HIGHLANDS

PLUMBING SUBCODE TECHNICAL SECTION

Date Received: 04/09/2008 Date Issued: 04/11/2008

Control #: 2281 Permit #: 200800079

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block: 4 Lot: 19 Qualification Code:

Work Site Location: 249 E HIGHLAND AVE

Owner in Fee : TKACH, A

Address : 249 HIGHLAND AVENUE
ATLANTIC HIGHLANDS NJ 07716

Email:

Telephone: (732) 6194211

Contractor: J SWANTON FUEL
ATTN: JAY SWANTOB

Address: 111 BAY AVE
ATLANTIC HIGHLANDS NJ 07716

Telephone: (732) 671-3835

Fax:

E-mail:

Contractor License No.: 13VH00103900 Expiration Date: Federal Emp. No.:

Home Improvement Registration No. or Exemption Reason:

B. PLUMBING CHARACTERISTICS

Use Group: Present: R-1 Proposed:

Building Sewer Size: 0 Public Sewer: Private Septic:

Water Service Size: 0 Public Water: Private Well:

1. New Building: $0.00 2. Rehabilitation: $1,000.00

3. Demolition: $0.00 Estimated Cost of Plumbing Work (1+2+3): $1,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial-Underslab Utilities Approved

Date: _____ Approved by: _____

[ ] Plumbing Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required

[ ] Bldg. [ ] Elec.

[ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Date(Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				
Chimney Cert.				
Other				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

_____
Applicant's Signature/Contractor's Seal and Signature

Print name here: _____

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures)

DESCRIPTION OF WORK:
*

No.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptors/Seperators	
	Backflow Preventer : Residential	
	Backflow Preventer : Commercial	
	Greasetrap	
	Air Conditioning	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other 1: Other Special Devices	$65.00
	Other 2:	
	Other 3:	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	$65.00

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

ATLANTIC HIGHLANDS

FIRE SUBCODE TECHNICAL SECTION

Date Received 04/09/2008 Date Issued 04/11/2008
Control # 2281 Permit # 200800079

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block: 4 Lot: 19 Qualification Code:

Work Site Location : 249 E HIGHLAND AVE

Owner Details

Owner in Fee: TKACH, A
Address: 249 HIGHLAND AVENUE
ATLANTIC HIGHLANDS NJ 07716
Telephone: (732) 6194211
E-mail:

Contractor Details

Contractor: J SWANTON FUEL
ATTN: JAY SWANTOB
Address: 111 BAY AVE
ATLANTIC HIGHLANDS NJ 07716
Telephone: (732) 671-3835 Fax:
E-mail:

Home Improvement Registration No. or Exemption Reason:
Fire/Security Alarm Contractor No.: Federal Emp. No.:
Fire Protection Equipment, NJ Div of Fire Safety Installer No.: License No.:
Fire Protection Equipment, NJ Div of Fire Safety Permit No.: Exp. Date:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present R-1 Proposed
Constr. Class: Present Proposed
Heating Systems: [ ]New *or* [ ]Mod. to Existing *or* [ ]Conversion *or* [ ]Replacement *or* [ ] HVAC
Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other
Location:

Fire Alarm System: [ ] New *or* [ ] Existing
Location of Panel:
Fire Suppression/Standpipe System: [ ] New *or* [ ] Existing
Location of Main Control Valve:

Fuel Storage Tanks:

Type: [ ] Flammable *or* [ ] Combustible [ ] LPG [ ] LNG Capacity 0 Fuel 0
1. New: $0.00 2. Rehabilitation: $1,000.00 3. Demolition: $0.00
Total Cost of Fire Protection (1+2+3) Work: $1,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: _____ Approved by: _____
Fire Protection Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Plumbing [ ] Elevator
SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Date(Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flame/Combust Tanks				
Fireplace Venting				
Final				
Other _____				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Sign here: _____ Print name here: _____

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
*

Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices(i.e., smoke,heat,pulls,water/flow)		
Supervisory Devices(i.e.,tampers,low/high air)		
Signaling Devices(i.e.,horns/strobes,bells)		
Other Devices:		
TOTAL		
Suppression Systems		
Fire Pump __ GPM Type __		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads(Dry and Wet)		
Standpipes		
Pre-Engineered Systems		
Wet Chemical		
Dry Chemical		
CO2 Suppression		
Foam Suppression		
FM200 Suppression		
Other:		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ]Gas [X]Oil [ ] Solid	2	$35.00
Fireplace Venting/Metal Chimney		
Other:		

Administrative Surcharge	
Mininimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	$50.00

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

ATLANTIC HIGHLANDS
100 FIRST AVE
ATLANTIC HIGHLANDS, NJ 07716
732-2911444

CERTIFICATE
IDENTIFICATION

Date Issued: 03/27/2007
Control #: 2076
Permit #: 200700025

Block: 4 Lot :19

Work Site Location: 249 E HIGHLAND AVE
Atlantic Highlands

Owner in Fee: TKACH, A

Address: 249 HIGHLAND AVENUE
ATLANTIC HIGHLANDS NJ 07716

Telephone: 732 619-4211

Agent/Contractor:

Address:

Telephone:

Lic. No./ Bldrs. Reg.No.: Federal Emp. No.:

Social Security No.:

Home Warranty No:
Type of Warranty Plan: [ ] State [ ] Private
Use Group: R-3
Maximum Live Load:
Construction Classification:
Maximum Occupancy Load: 0
Certificate Exp Date:
Description of Work/Use:
*

Update Desc. of Wk/Use:

[ ] **CERTIFICATE OF OCCUPANCY**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[X] **CERTIFICATE OF APPROVAL**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] **TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE**

If this is a temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than or will be subject to fine or order to vacate:

JOSEPH KACHINSKY Construction Official

[ ] **CERTIFICATE OF CLEARANCE-LEAD ABATEMENT 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

[ ] Total removal of lead-based paint hazards in scope of work

[ ] Partial or limited time period(_____ years); see file

[ ] **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] **CERTIFICATE OF COMPLIANCE**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

Fees: $0.00
Paid[ ]Check No.: 266
Collected by:

U.C.C 260 (rev. 5/03)

1 - APPLICANT 2 - OFFICE 3 - TAX ASSESSOR

ATLANTIC HIGHLANDS

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received: 02/23/2007
Control #: 2076

Date Issued: 01/12/2007
Permit #: 200700025

A. IDENTIFICATION APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block: 4 Lot: 19 Qualification Code:

Work Site Location: 249 E HIGHLAND AVE

Owner in Fee: TKACH, A

Address: 249HIGHLAND AVENUE
ATLANTIC HIGHLANDS NJ 07716

E-mail:

Telephone: (732) 619-4211

Contractor: TKACH, A

Address: 249 HIGHLAND AVENUE
ATLANTIC HIGHLANDS NJ 07716

E-mail:

Telephone: (732) 6194211

Fax:

Home Improvement Registration No. or Exemption Reason:

Contractor License No.: Exp Date: Federal Emp. No.:

DESCRIPTION OF WORK:
*

B. ELECTRICAL CHARACTERISTICS

Use Group: Present R-3 Proposed

[ ]Pole/Pad # [ ]Temporary [ ] Other

Building Occupied as Utility Co.

1. New Building $0.00
2. Rehabilitation $1,850.00
3. Demolition $0.00
Est.Cost of Elec.Work (1+2+3) $1,850.00

Job Summary(Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: Approved by:
Electric Plans Approved
Date: Approved by:
Joint Plan Review Required
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates(Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp.Serv				
Constr.Serv				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp Cut-in-Card Date Issued				
Final Cut-in-Card Date Issue				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's seal and Signature Print Name

[ ] Licensed Electrical Contractor [ ] Certified Landscape Irrigation Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
6		Lighting Fixtures	
4		Receptacles	
8		Switches	
		Detectors	
		Light Poles	
		Motor-Fract.HP	
		Emergency&Exit Lights	
		Communication Points	
		Alarm Devices/F.A.C. Panel	
		Other 1:	
		Other 2:	
		TOTAL NUMBER 18	
		Pool Permit/with UW Lights	$75.00
1		Storable Pool/Spa/Hot Tub	$75.00
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
1		KW Elec. Water Heater	$35.00
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Htr./Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		KW Photovoltaic Systems	
		Other 3:	
		Other 4:	
		Other 5:	
		Other 6: 0	
		Other 7: 0	
		Other 8: 0	
		Other 9: 0	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$5.00
TOTAL FEE	$190.00

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original and three photocopies.

ATLANTIC HIGHLANDS

PLUMBING SUBCODE TECHNICAL SECTION

Date Received: 02/23/2007 Date Issued: 01/12/2007

Control #: 2076 Permit #: 200700025

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block: 4 Lot: 19 Qualification Code:

Work Site Location: 249 E HIGHLAND AVE

Owner in Fee : TKACH, A

Address : 249 HIGHLAND AVENUE
ATLANTIC HIGHLANDS NJ 07716

Email:

Telephone: (732) 619-4211

Contractor: TKACH, A

Address: 249 HIGHLAND AVENUE
ATLANTIC HIGHLANDS NJ 07716

Telephone: (732) 6194211

Fax:

E-mail:

Contractor License No.: Expiration Date: Federal Emp. No.:

Home Improvement Registration No. or Exemption Reason:

B. PLUMBING CHARACTERISTICS

Use Group: Present: R-3 Proposed:

Building Sewer Size: 0 Public Sewer: Private Septic:

Water Service Size: 0 Public Water: Private Well:

1. New Building: $0.00 2. Rehabilitation: $1,850.00

3. Demolition: $0.00 Estimated Cost of Plumbing Work (1+2+3): $1,850.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial-Underslab Utilities Approved

Date: _____ Approved by: _____

[ ] Plumbing Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required

[ ] Bldg. [ ] Elec.

[ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Date(Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				
Chimney Cert.				
Other				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

_____
Applicant's Signature/Contractor's Seal and Signature

Print name here: _____

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures)

DESCRIPTION OF WORK:
*

No.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$20.00
	Urinal/Bidet	
1	Bath Tub	$20.00
2	Lavatory	$40.00
1	Shower	$20.00
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptors/Seperators	
	Backflow Preventer : Residential	
	Backflow Preventer : Commercial	
	Greasetrap	
	Air Conditioning	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other 1: Other Gas Appliances	$20.00
	Other 2:	
	Other 3:	

Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	
TOTAL FEE	$120.00

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

ELEVEN TINDALL ROAD, MIDDLETOWN, NJ 07748-2792
(732) 671-6400 * fax (732) 671-7365 * www.tandmassociates.com

AHLD-01180

August 28, 2009

Via Facsimile and First Class Mail

Theresa Radigan
Borough Assistant Construction Administrator
Borough of Atlantic Highlands
100 First Avenue
Atlantic Highlands, New Jersey 07716

Re: Steep Slope Permit Application – Second Review
249 E. Highland Avenue
Block 4, Lot 19
Anatoly Tkach

Dear Ms. Radigan:

As requested, our office has reviewed the submission for the above stated permit application. Included in the submission is:

- A Steep Slope Permit Application dated May 20, 2009.
- A plan entitled "Partial Topographic Survey Map for Property known as Lot 19, Block 4", prepared by John T. Luts, P.E., of Yorkanis and White, Inc. dated May 14, 2009 **and last revised July 30, 2009.**

The applicant is proposing a 23' x 11.5' second floor addition to the existing split level frame dwelling. The applicant is proposing piers to support the second floor addition. **The total soil disturbance associated with the project will be 588 square feet.**

I find the steep slope application as submitted, acceptable from an engineering standpoint, pending review by the Building Department.

If you have any questions or require additional information, please advise.

Very truly yours,

T&M ASSOCIATES

DAVID M. MARKS, P.E., C.M.E.
BOROUGH OF ATLANTIC HIGHLANDS ENGINEER

DMM:NSV:han
c: Adam Hubeny, Borough Administrator
Anatoly Tkach, 249 E. Highland Ave, Atlantic Highlands, NJ 07716
H:\AHLD\01180\Correspondence\Radigan_DMM_Second Review.doc

BOROUGH OF ATLANT[IC] HIGHLANDS

100 FIRST AVENUE ◆ ATLANTIC HIGH[LANDS] NEW JERSEY 07716

Administration	732-291-1444	Tax [Assessor]	732-291-3297
Planning/Zoning Board	732-291-1444	Wat[er] [Sewer] Department	732-872-0233
Municipal Court	732-291-3225	Mun[icipal] [Clerk]	732-291-1670
Building & Code Enforcement	732-291-1122	FAX	732-291-9725

Borough Web Site: www.[atlantichighlands.com]

STEEP SLOPE PERMIT APPLIC[ATION]

(Ordinance 913 – eff. 7/15/1989)

In order to protect the health, safety and welfare of people and property with[in the Borough from improper Work or disturbance or any other acts affecting steep slope areas, and more [particularly, but not without limitation, to reduce the hazards, which exist in areas by reason of erosion, sil[tation, ponding, soil slippage, surface water runoff, and destruction of vegetation which stabilizes hillsides, a p[ermit for any engineering review and approval must be filed with the Construction Official for any work disturban[ce proposed for areas that have a slope of 15% or greater.

Work or disturbance is defined as, but not limited to construction, building impro[vements, development, whether or not a building permit may be required, or, the removal of trees, shrubs, or other v[egetation or soil disturbance that may have a detrimental impact on the slope area.

*********PERMIT MUST BE ACCOMPANIED WITH AN EL[EVATION SURVEY. PERMITS MUST COMPLY WITH SECTION 7.33 OF THE BOROUGH ORDINANCE - SEE ATTACHED.***

BLOCK 4 LOT 19 [UNIT] 23

PROPERTY ADDRESS: 249 E. Highla[nds]

OWNER NAME & ADDRESS: Avatoly [illegible]

[illegible] PHONE# [illegible]0-4637

CONTRACTOR NAME & ADD. Elite Con[st] (Gary)

213 Dover Chester Rd, Randolph NJ PHONE# 97[illegible]928

PROPOSED WORK: 23'x 11.5'

(2nd Floor only) on concrete [illegible]

APPLICANTS SIGNATURE: [signature] DA[TE] 5/20/09

****

RECEIVED BY: [signature] DATE 5/20/09

*******FEES: $25.00 PERMIT - $250.00 ENGINEERS FEE – 2 SE[PA]RATE CHECKS REQ.**

CHECK #'S 2010 25 **PERMIT#**

2009 ~~225~~

BOROUGH OF ATLANTIC HIGHLANDS
100 FIRST AVENUE
ATLANTIC HIGHLANDS, NEW JERSEY 07716

Administration
Planning/Zoning Board
Municipal Court
Building & Code Enforcement

444 Tax Collection 732-291-3297
444 Water/Sewer Department 732-872-0233
225 Municipal Harbor 732-291-1670
122 FAX Number 732-291-9725

Web Site: www.ah.nj.com

ZONING PERMIT

BLOCK 4 LOT 19 ZONE R-3

DATE 9/30/09 PERMIT # _____

PROPERTY LOCATION 249 East Highland Ave.

PROPERTY OWNER Trach

TELEPHONE # _____

This is to certify that the above described premises together with any building hereon, are used or proposed to be used as of for:
464 S.f. 2nd Story addition over 1st floor footprint

Which is a :

✓ Use permitted in accordance.

_____ Use permitted in accordance approved on subject to any special conditions attached to the grant thereof.

Must comply with steep Slope permit

M. Hoeke

ELEVEN TINDALL ROAD, MIDDLETOWN, NJ 07748-2792
(732) 671-6400 * fax (732) 671-7365 * www.tandmassociates.com

T&M ASSOCIATES

AHLD-01180

August 28, 2009

Via Facsimile and First Class Mail

Theresa Radigan
Borough Assistant Construction Administrator
Borough of Atlantic Highlands
100 First Avenue
Atlantic Highlands, New Jersey 07716

Re: Steep Slope Permit Application – Second Review
249 E. Highland Avenue
Block 4, Lot 19
Anatoly Tkach

Dear Ms. Radigan:

As requested, our office has reviewed the submission for the above stated permit application. Included in the submission is:

- A Steep Slope Permit Application dated May 20, 2009.
- A plan entitled "Partial Topographic Survey Map for Property known as Lot 19, Block 4", prepared by John T. Luts, P.E., of Yorkanis and White, Inc. dated May 14, 2009 **and last revised July 30, 2009.**

The applicant is proposing a 23' x 11.5' second floor addition to the existing split level frame dwelling. The applicant is proposing piers to support the second floor addition. **The total soil disturbance associated with the project will be 588 square feet.**

I find the steep slope application as submitted, acceptable from an engineering standpoint, pending review by the Building Department.

If you have any questions or require additional information, please advise.

Very truly yours,

T&M ASSOCIATES

DAVID M. MARKS, P.E., C.M.E.
BOROUGH OF ATLANTIC HIGHLANDS ENGINEER

DMM:NSV:han
c: Adam Hubeny, Borough Administrator
Anatoly Tkach, 249 E. Highland Ave, Atlantic Highlands, NJ 07716
H:\AHLD\01180\Correspondence\Radigan_DMM_Second Review.doc

ELEVEN TINDALL ROAD, MIDDLETOWN, NJ 07748-2792
(732) 671-6400 * fax (732) 671-7365 * www.tandmassociates.com

T&M ASSOCIATES

AHLD-01180

June 23, 2009

Via Facsimile and First Class Mail

Theresa Radigan
Borough Assistant Construction Administrator
Borough of Atlantic Highlands
100 First Avenue
Atlantic Highlands, New Jersey 07716

Re: Steep Slope Permit Application
249 E. Highland Avenue
Block 4, Lot 19
Anatoly Tkach

Dear Ms. Radigan:

As requested, our office has reviewed the submission for the above stated permit application. Included in the submission is:

- A Steep Slope Permit Application dated May 20, 2009.
- A plan entitled "Partial Topographic Survey Map for Property known as Lot 19, Block 4", prepared by John T. Luts, P.E., of Yorkanis and White, Inc. dated May 20, 2009.

The applicant is proposing a 23' x 11.5' second floor addition to the existing split level frame dwelling. The applicant is proposing piers to support the second floor addition.

Based on our review of the information provided, we offer the following comments;

1. The applicant has provided a slope study analysis identifying the various slopes within 100 feet of the proposed addition. The applicant shall revise the plan to provide the following information to demonstrate compliance with Section 7.33.E.3 of the Ordinance;

    - The area of proposed soil disturbance.
    - The area of proposed impervious ground cover.
    - Number of trees to be removed.
    - Area of removal or disturbance of vegetation.

2. The applicant shall revise the plan to indicate the location and footprint of the proposed piers.

3. The applicant shall provide existing and proposed lot coverage calculations in accordance with Section 7.33.E of the Ordinance which demonstrate the proposed addition complies with Zoning regulations.

Once the additional required items have been submitted, we will perform an additional review and respond accordingly. Until such time, we **do not** approve this application as currently submitted.

BLOCK 4 LOT 19 QUALIFICATION CODE _____ ADDRESS (SITE) 249 E. Highland Ave PERMIT NO. 182-09

R-3

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: 249 E Highland Ave
2. Name of Owner in Fee: A. Tkach
   Tel. (732) 650-1637 e-mail _____
   Address Same as above (street / municipality / zip code)
3. Ownership in Fee: Public X Private _____
4. Principal Contractor: Elite Contracting Tel. (973) 713-5928
   Address 213 Dover Chester Rd e-mail _____
   Randolph, NJ 07869
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 13VH04693900
   Federal Emp. ID No. 262845043 FAX: (_____) _____
5. Architect or Engineer K. L. W Contact Eric Wagner
   Address 21 Peters Place, Red Bank e-mail _____
   Tel. (732) 741-5270 FAX: (_____) _____
6. Responsible Person in Charge once Work has Begun Gary Gurevich
   Tel. (973) 713-5928 FAX: (_____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories	1	
2. Height of Structure	18 ft.	
3. Area — Largest Floor	1900 sq. ft.	
4. New Building Area	272 sq. ft.	
5. Volume of New Structure	4930 cu. ft.	
6. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved ____ HUD ____		
9. Total Land Area Disturbed	400 sq. ft.	
10. Flood Hazard Zone		
11. Base Flood Elevation	ft.	
12. Wetlands yes ____ no ____		

IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ New Building
- ☒ Addition
- ☐ Demolition
- ☐ Repair
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☑ Electrical					6/27/09				
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

FOR OFFICE USE ONLY (Optional)

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units Income-restricted*
   Gained, Sale
   Gained, Rental
   Lost, Sale
   Lost, Rental

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(X) Check if contractor.

Agent Name GARY GUREVICH – ELITE CONTRACTING

Address 213 DOVER CHESTER RD
Randolph, NJ 07869

Telephone (973) 713-5926

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 12.23.09
Control #
Date Issued
Permit # 09-182

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO. 1-800-272-1000.

Block 4 Lot 19 Qualification Code
Work Site Location 249 EAST HIGHLAND AVE
ATLANTIC HIGHLANDS HIGHLS
Owner in Fee A. TRACH
Address 249 EAST HIGHLAND AVE
ATLANTIC HIGHLANDS
Tel (732) 650-9637
Contractor PEREIRA ELECTRICAL CONTRACTING INC.
Address 205 LIBERTY ST
METUCHEN, N.J. 08840
Tel ( ) PHONE 732-549-3790 FAX 732-549-9790
Contractor License No. LICENSE #9461
Federal Emp. No FED. TAX ID 22-2952221

B. ELECTRICAL CHARACTERISTICS

Use Group Present X Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Residence Utility Co.
Est. Cost of Elec. Work $ 2,200

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS	FEE (Office Use Only)
6		Lighting Fixtures	
8		Receptacles	
2		Switches	
1		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	15
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/4 HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date: 12/27/09
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

UCC F120 (rev. 07/03)

Date Received 12 23 09
Control #
Date Issued
Permit # 09-182

ELECTRICAL SUBCODE
TECHNICAL SECTION

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 4 Lot 14 Qualification Code

Work Site Location 249 East Highland Ave
Atlantic Highlands

Owner in Fee

Address 249 East Highland Ave
Atlantic Highlands

Tel (732) [illegible]

Contractor PEREIRA ELECTRICAL CONTRACTING INC.

Address 205 LIBERTY ST
METUCHEN, N.J. 08840
PHONE 732-549-3790 FAX 732-549-0790

Tel ( ) FAX (LICENSE #9461

Contractor License No FED. TAX ID 22-2952221

Federal Emp. No

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 2200

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

Joint Plan Review Required

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[✓] Elec. Plans Approved

Date: 12/27/09

Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv				
TCO				
Other				
Service				
Final				
Barrier-Free				

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

U.C.C. F120 (rev. 07/03)

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS	FEE (Office Use Only)
6		Lighting Fixtures	
8		Receptacles	
2		Switches	
1		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	15
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: 249 EAST HIGHLAND AVE.
2. Owner Name: MATT MCDONUAH Tel. ( ) 249 EAST HIGHLAND
   Address
3. Principal Contractor: CONAN CONTRACTORS Tel. ( )
   Address 3 OLD QUEENS BLVD.
   Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____
4. Architect or Engineer: _____ Tel. ( )
   Address _____
5. Responsible Person in Charge of Work ED SZULECKI Tel. ( ) 462 8989

II. PROPOSED WORK

A. TYPE OF WORK

1. ☑ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☒ Addition
5. ☐ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other: REPAIR DECK

B. CATEGORIES OF WORK

Permit/Category		Estimated
1.	☑ Building/Structural	$
2.	☐ Plumbing	
3.	☑ Electrical	
4.	☐ Fire Protection	
5.	☐ Other	
6.	☐ Other	
	TOTAL COST	$

C. DO YOU WANT:

1. ☐ Partial Releases
2. ☐ Prototype Processing

D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2) HMD Reg. No.: _____
3. ☐ Two Family (R–3b)
4. ☑ One-Family (R–3a)

If new construction, enter no. of dwelling units _____

If other than new construction, enter no. of dwelling units:
Before Construction: _____
After Construction: _____
Net Gain (or loss): _____

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☐ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other _____

State Specific Use: _____

If Change in Use Group, Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☐	☐	Gas
4.	☑	☐	Oil
5.	☐	☐	Electric
6.	☐	☐	Solid (Wood, Coal, Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other _____

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☑ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☑ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories 2
15. Height of Structure 22 Ft.
16. Area–Largest Floor 1400 Sq. Ft.
17. Bldg. Area–All Fls. 2600 Sq. Ft.
18. Volume of Structure _____ Cu. Ft.
19. Total Land Area Disturbed 1/4 ACRE Sq. Ft.

249 E. Hld. Ave.

BUILDING SUBCODE TECHNICAL SECTION

Date Received 10/7/91
Date Issued 10/7/91
Control #
Permit # 189-91

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 4 Lot 19
Work Site Location 249 East Highland Ave
Owner in Fee Matthew McDonough
Address Same
Tele. ( ) 371-0566
Contractor Fireplaces of America
Address 44 Main St
Englishtown NJ
Tele. ( ) 446 3293
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. _____ or Social Security No. 139 44 9431

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature Ralph Bonfiglio

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Wood Stove + Pre Fab Chimney

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.			Type:				
[✓] All	10-7-91		Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [✓] CA			TCO				
Date: 10-16-91			Other				
Approved By: MR			Final ✓			10-10-91 MR	

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other _____
[ ] Demolition
[✓] Miscellaneous
  [ ] Fence _____ Height
  [ ] Sign _____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [✓] Other Wood Stove

(Office Use Only)
FEE
$ _____

Administrative Surcharge $ _____
Paid [✓] Check # 3001 Minimum Fee $ _____
Collected by: MB TOTAL FEE $ 25.00

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present II Proposed IA
No. of Stories 2
Height of Structure _____ Fl.
Area—Largest Floor _____ Sq. Ft.
Total Bldg. Area/All Floors _____ Sq. Ft.
Volume of Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+2) $ 3200.00

U.C.C. Form F-110A 1 White = Office Copy 2 Canary = Office Copy 3 Pink = Applicant Copy 4 Hard = Inspector Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 10/1/91
Date Issued 10/7/91
Control # —
Permit # 189-91

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 4 Lot 19
Work Site Location 249 East Highland ave at Highlands
Owner in Fee Matthew Mc Nemeigh
Address Sand
Tele. ( ) 291 0566
Contractor Fireplaces of America
Address 44 Main ST Eaglston NS
Tele. ( ) 446 3295
Lic. No.
Federal Emp. No. or Social Security No. 137447431

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present R 3 Proposed R 3
Constr. Class. Present 1C Proposed 1A
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 3200 — [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: 10/7/91
Approved by:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 10-10-91
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER wood stove		✓
Administrative Surcharge		$
Paid [ ] Check # 4631 Minimum Fee		$
Collected by TOTAL FEE		$ 25.—

U.C.C. Form F-140A

1 White = Office Copy
2 Canary = Office Copy
3 Pink = Applicant Copy
4 Hard = Inspector Copy

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 3262-83
DATE ISSUED 6/18/18
REVISION DATE
Block 4 Lot 19
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner MATT MCDONUGH
Address 249 EAST HIGHLAND ATLANTIC HIGHLANDS
Tel. ( ) N.J. 291-0566

Contractor CONAN CON.
Address 3 OLD QUEENSBLVD. ENGLISHTOWN NJ. 07726
Tel. ( )

Work Site Address as above
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

SEE DETAILED PLANS OF ADDITION + DECK.

Sun Room + Deck

☒ See Plans

TYPE OF WORK:

- ☐ New Building
- ☑ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

	Fee Basis	Fee
		$
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$ 99.83

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories 2
Height of Structure 22 Ft.
Area–Largest Floor 1400 Sq. Ft.

Total Building Area–All Floors 2600 Sq. Ft.
Volume of Structure 18,252 Cu. Ft.
Total Land Area Disturbed 2 ACRES Sq. Ft.

Estimated Cost of Building Work: $ 10,000

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 3262-85
DATE ISSUED 6/18/85
Block 21 Lot 19
Subdivision

A. IDENTIFICATION

Owner Matt McDonough Agent Owner
Address 249 E. Highland Address Owner
Atlantic Highlands
Tel. ( ) 291-0566 Tel. ( )
Work Site Address Lic. No.
Federal Emp. No.

PAYMENTS

Permit Fee $ 99.83
Fees Remitted $
☒ Check No. ~~1015~~
☐ Cash 1015
☐ Other
Collected By: JT
Date: 6/18/85

is hereby granted permission to perform the following work:

☑ BUILDING ☐ ELECTRICAL
☐ PLUMBING ☐ FIRE PROTECTION
☐ OTHER

Description of work:
See plans
Sun Room
Deck

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work: $ 10,000

Ahmeier
CONSTRUCTION OFFICIAL

U.C.C. Form F-170 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

BOROUGH OF ATLANTIC HIGHLANDS
BUILDING DEPARTMENT

100 FIRST AVENUE • ATLANTIC HIGHLANDS • N.J. • 07716 • (201) 291 • 1122

TO: Matthew McDonough

249 E. Highland Ave.

Atlantic Highlands, NJ 07716

DATE: 10/21/91

RE: Block 4, Lot 19 - Wood Stove & Chimney

Dear Applicant,

Please be advised that on 10/10/91 your building permit, permit number 189-91, was finaled and approved by the Building Inspector.

If you have any questions please contact this office.

Very Truly Yours,

Gerald V. Menna
Construction Official

GVM/ddb

cc: File

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 3262-85
DATE ISSUED July 31, 1985
REVISION DATE
Block Lot
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner MATTHEW MC DONOUGH
Address 249 E. HIGHLAND PARK
ATL HIGHLANDS NJ 07716
Tel. (201) 291-0566
Work Site Address SAME

Contractor HEDDEN ELECTRIC
Address 255 JACKSON AVE
MATAWAN, N.J.
Tel. ( ) 583-5680
Lic.No./Bus. Permit. 5493
Federal Emp. No. 147-28-0805

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Paul P. Hedden
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee
12	Switching Outlets	$		H.V.A.C. Equipment	$
6	Lighting Outlets			Switching Devices	
3	Receptacle Outlets			Transformers	
	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*	
	Dryer, Electric				
	Water Heater, Electric				
	Heating, Electric				
	Switches				
	Lighting Fixtures			Other	
	Receptacles			Other	
	Bonding, Pool/Vault			Other	
	Service/Feeders			Other	
	COLUMN 1 $			COLUMN 2 $	

Fee	
COLUMN 1	$
COLUMN 2	
SUBTOTAL	$
Minimum Electrical Fee (If applicable)	$
Total Electrical Fee *(Greater of Minimum or Subtotal)*	$ 20.00

C. ELECTRICAL CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Service: _____ Amps _____ Phase _____ System Type

_____ Wire _____ Volts _____ Wiring Method

Total No. of Meters: _____

Estimated Cost of Electrical Work: $ 400.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-120 (8/83) Green = Office Copy White = Applicant Copy Purple = Inspector Copy

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 3262-85
DATE ISSUED July 31, 1985
REVISION DATE
Block Lot
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* — When changing contractors, notify this office

Owner MATTHEW MC DONOUGH
Address 249 E. HIGHLAND PL
ATL. HIGHLANDS NJ 07716
Tel. (201) 291-0566
Work Site Address SAME

Contractor HEDDEN ELECTRIC
Address 255 JACKSON AVE
MATAWAN, N.J.
Tel. ( ) 583-5680
Lic.No./Bus. Permit. 5493
Federal Emp. No. 147-28-0805

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Paul P. Hedden
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data

TYPE OF WORK:

No.	Item	Fee	No.	Item	Fee
12	Switching Outlets	$		H.V.A.C. Equipment	$
6	Lighting Outlets			Switching Devices	
3	Receptacle Outlets			Transformers	
	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*	
	Dryer, Electric				
	Water Heater, Electric				
	Heating, Electric				
	Switches				
	Lighting Fixtures			Other	
	Receptacles			Other	
	Bonding, Pool/Vault			Other	
	Service/Feeders			Other	
	COLUMN 1 $			COLUMN 2 $	

Fee	
COLUMN 1	$
COLUMN 2	
SUBTOTAL	$
Minimum Electrical Fee (If applicable)	$
Total Electrical Fee *(Greater of Minimum or Subtotal)*	$ 20.00

C. ELECTRICAL CHARACTERISTICS

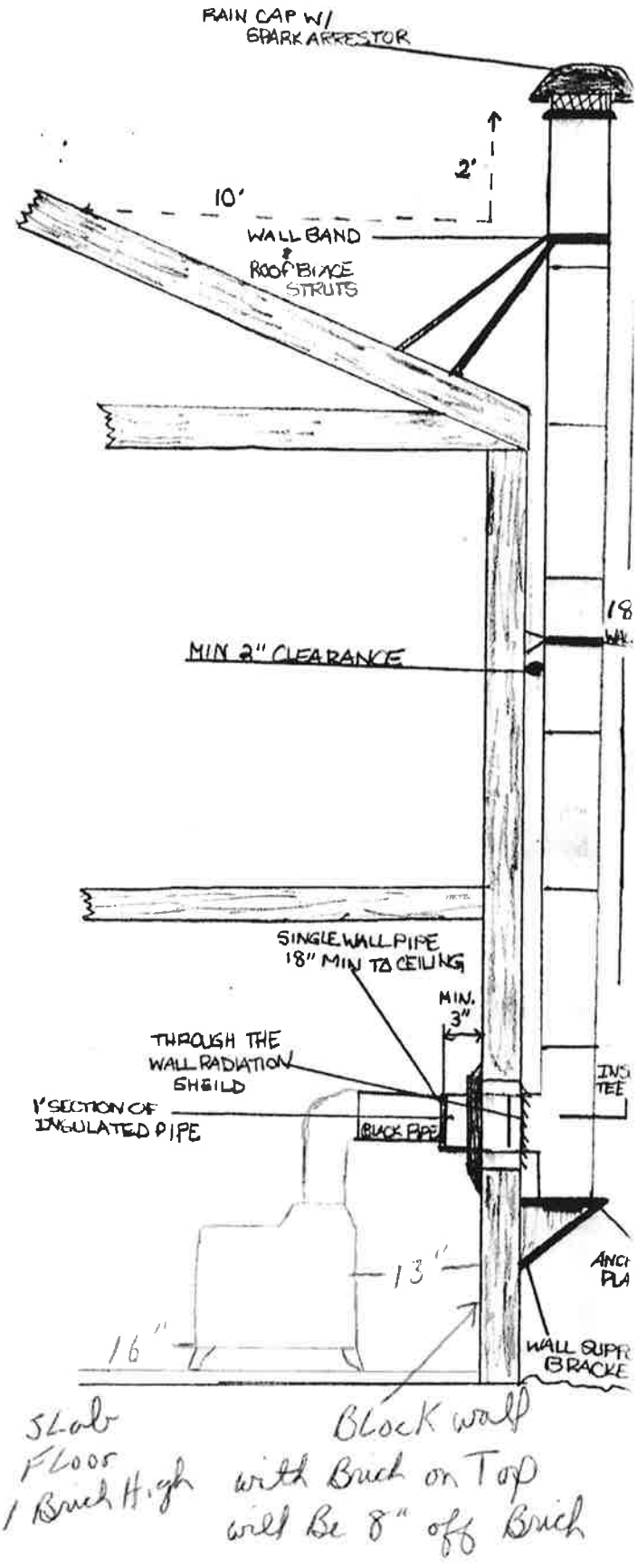
USE GROUP: _____ Present _____ Proposed
Service: _____ Amps _____ Phase _____ System Type
_____ Wire _____ Volts _____ Wiring Method
Total No. of Meters: _____
Estimated Cost of Electrical Work: $ 420.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-120 (8/83) Green = Office Copy White = Applicant Copy Purple = Inspector Copy

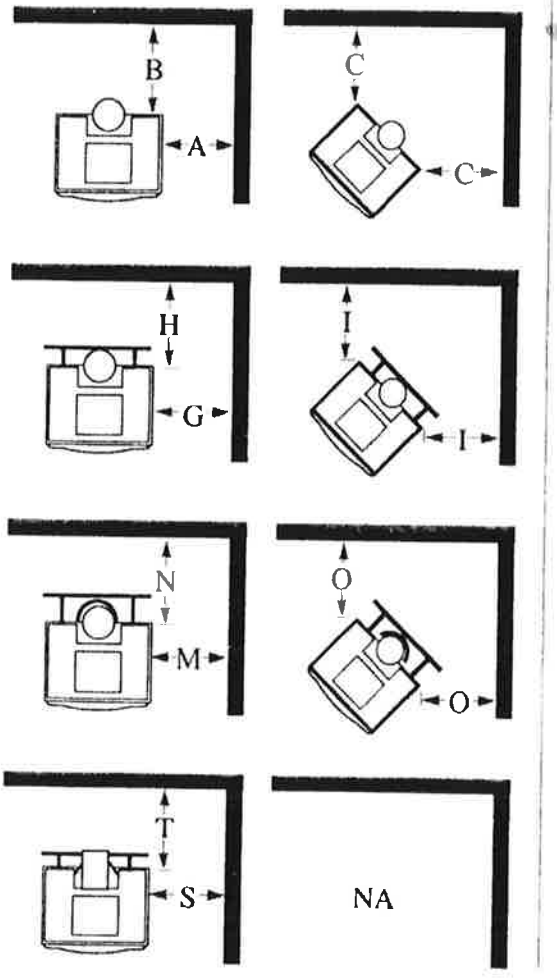
TEE Outside 18'-2 Story House



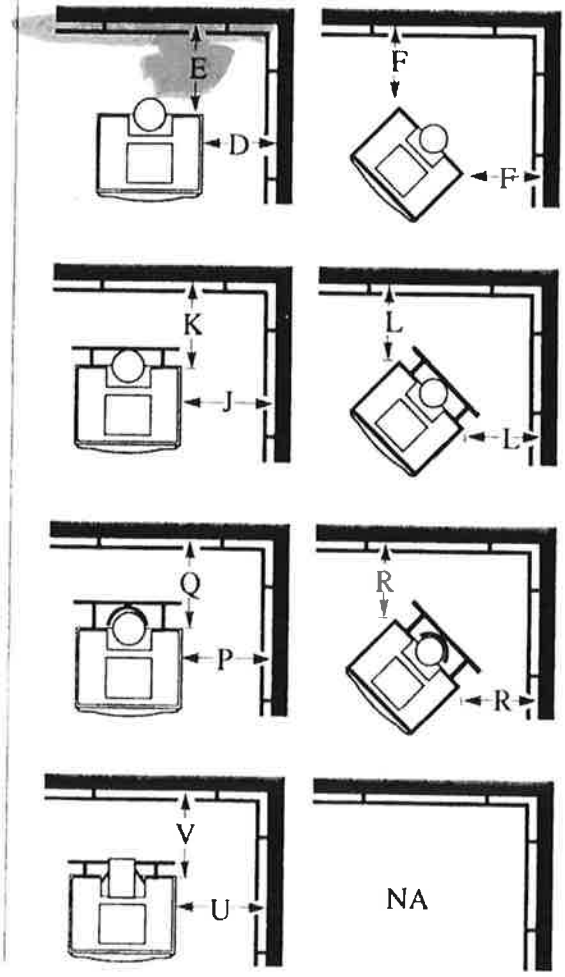
Resolute Acclaim Clearance

	UNPROTECTED SURFACES			PROTECTED SURFACES		
	Parallel Installations		Corner Installations	Parallel Installations		Corner Installations
Stove Clearance	Side	Rear	Corner	Side	Rear	Corner
No heat shields	[A] 15" (380 mm)	[B] 24" (610 mm)	[C] 15" (380 mm)	[D] 8" (200 mm)	[E] 13" (330 mm)	[F] 8" (200 mm)
Top exit, rear h.s. only	[G] 15" (380 mm)	[H] 24" (610 mm)	[I] 15" (380 mm)	[J] 8" (200 mm)	[K] 13" (330 mm)	[L] 8" (200 mm)
Top exit, rear & connector shields	[M] 15" (380 mm)	[N] 15" (380 mm)	[O] 15" (380 mm)	[P] 8" (200 mm)	[Q] 9" (230 mm)	[R] 8" (200 mm)
Rear exit, rear h.s. only	[S] 15" (380 mm)	[T] 10" (250 mm)	NA	[U] 8" (200 mm)	[V] 7" (200 mm)	NA
Chimney Connector Clearance	All Installations			All Installations		
No heat shields	23" (580 mm)					12" (300 mm)
Connector heat shields	14" (360 mm)					8" (200 mm)
Front Clearance to Combustibles	All Installations					
	48" (1220 mm)					

Unprotected Surfaces



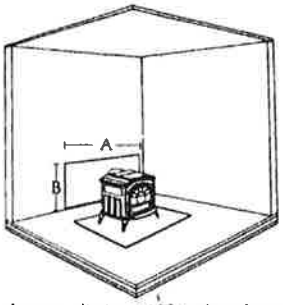
Protected Surfaces



The specifications and clearances included in this tech sheet are for preliminary planning purposes only. Before beginning any installation, consult your local authorized Vermont Castings/Consolidated Dutchwest dealer.

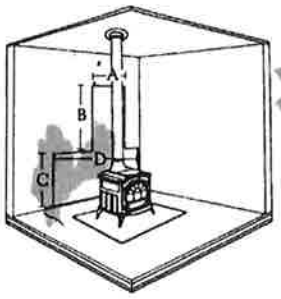
TECH Resolute Acclaim SHEET

Minimum Wall Shield Requirements for Some Common Resolute Acclaim Installations



A. 48" (1220 mm)
B. 36" (910 mm)

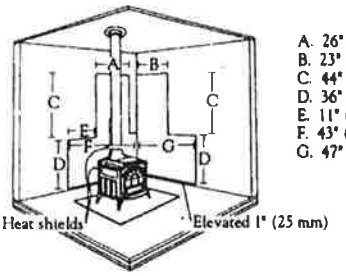
A rear-exit stove with reduced rear wall clearance only.



A. 26" (660 mm)
B. 44" (1120 mm)
C. 36" (910 mm)
D. 48" (1220 mm

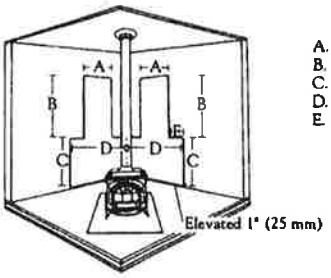
Brick wall Behind Stove
4' wide 4½' high
Block wall Behind Brick
we will remove all wood

A top-exit stove with reduced rear wall clearance only. A 26" wide section of rear wall shield must be centered behind the connector.



A. 26" (660 mm)
B. 23" (580 mm)
C. 44" (1120 mm)
D. 36" (910 mm)
E. 11" (280 mm)
F. 43" (1090 mm)
G. 47" (1190 mm)

A top exit stove with heat shields on both the stove and the chimney connector. Reduced rear and side wall clearances. The chimney connector heat shield must be exactly 28". Note that rear and side wall shields meet at corner.

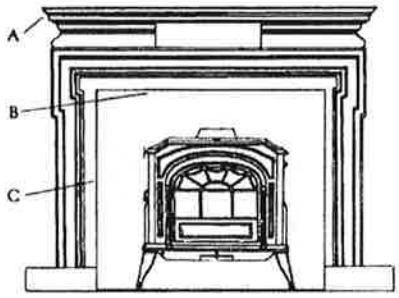


A. 26" (660 mm)
B. 44" (1120 mm)
C. 36" (910 mm)
D. 36" (910 mm)
E. 5" (130 mm)

A top-exit stove with reduced rear and side wall clearance. Wall shields must meet at corner.

BRICK Hearth over Slab

Fireplace Installation Clearances



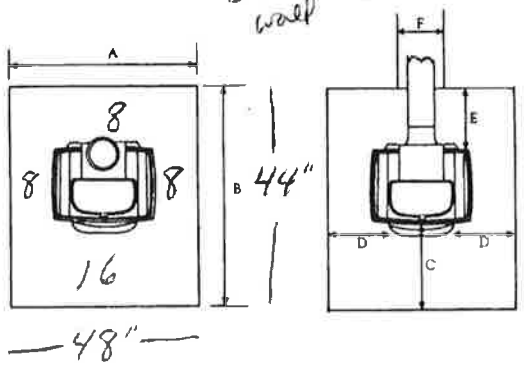
Fireplace Mantel and Trim Clearances

	Protected	Unprotected
A. Mantel	34" (860 mm)	40" (1020 mm)
B. Top trim	31" (790 mm)	31" (790 mm)
C. Side trim	8" (200 mm)	11" (280 mm)

Ventilated shields (non-combustible) shields installed on non-combustible spacers 1" (25 mm) away from the combustible surface) may be used to reduce clearances. A mantel shield for the Resolute Acclaim must be at least 48" (1220 mm) long, centered over the stove. Side trim shields must extend the full length of the trim.

Hearth Dimensions

44" off Brick wall



	United States	Canada
A.	31"	31" (790 mm)
B.	42"	44" (1120 mm)
C.	16"	18" (460 mm)
D.	6"	6" (150 mm)
E.	6"	6" (150 mm)
F.	10"	10" (250 mm)

The specifications and clearances included in this tech sheet are for preliminary planning purposes only. Before beginning any installation, consult your local authorized Vermont Castings/Consolidated Dutchwest dealer.

BOROUGH OF ATLANTIC HIGHLANDS

100 FIRST AVENUE
ATLANTIC HIGHLANDS
NEW JERSEY 07716

Office of the Code Enforcement Officer

Tel. (201) 291-1445

ZONING PERMIT

BLOCK 4

LOT 19

ZONE R-2

DATE OF APPL 10/7/91

APPLICATION # 62-91

DATE OF PERMIT 10/7/91

PROPERTY LOCATION 249 E. Highland Av

PROPERTY OWNER Mathew McDonough

TELEPHONE # 291-0566

This is to certify that the above described premisis together with any building thereon, are used or proposed to be used as or for: Rental

Which is a:

X Use permitted by Ordinance.

_____ Use permitted by variance approved on subject to any special conditions attached to the grant thereof.

_____ VALID NONCONFORMING USE as established by( ) finding of the Zoning Board of Adjustment, or ( ) by the undersigned zoning officer on the basis of evidence supplied by applicant as specified on the reverse hereof. Also specified on the reverse hereof is a detail statement of all aspects of the nonconforming use.

_____ There is a nonconforming structure on the premises by reason of insufficient ( ) setback, ( ) side yard , ( ) rear yard, ( ) other (specify),

_____ There is a proposed structure on the premises by reason of insufficient ( ) setback, ( ) side yard, ( ) rear yard , ( ) other specify,

Fire Flow Report Paper set Bart

B.J. Trott
ZONING OFFICER

BUILDING SUBCODE TECHNICAL SECTION

Date Received 10/7/91
Date Issued 10/7/91
Control # —
Permit # 189-91

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 4 Lot 19
Work Site Location 249 East Highland Ave
alt Highlands
Owner in Fee Matthew Mc Donough
Address Same
Tele. (___) 291-0566
Contractor Fireplaces of America
Address 46 Main St
Englishtown NJ
Tele. (___) 446 3295
Lic. No. or Bldrs. Reg. No. ___
Federal Emp. No. ___ or Social Security No. 139 44 9431

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature Karl Bonfiglio

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Wood Stove + Pre Fab Chimney

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.							
[X] All	10-29	MM	Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed R-3
Constr. Class Present 1A Proposed 1A
No. of Stories 2
Height of Structure ___ Ft.
Area—Largest Floor ___ Sq. Ft.
Total Bldg. Area/All Floors ___ Sq. Ft.
Volume of Structure ___ Cu. Ft.
Total Land Area Disturbed ___ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ ___
2. Alteration $ ___
3. Total (1+2) $ 3200 —

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other ___
[ ] Demolition
[X] Miscellaneous
  [ ] Fence ___ Height
  [ ] Sign ___ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [X] Other Wood Stove

(Office Use Only) FEE

$ ___

Administrative Surcharge $ ___
Paid [X] Check # Cash Minimum Fee $ ___
Collected by: MR TOTAL FEE $ 25 —

U.C.C. Form F-110A 1 White = Office Copy 2 Canary = Office Copy 3 Pink = Applicant Copy 4 Hard = Inspector Copy

BLOCK 4 LOT 19 QUALIFICATION CODE _____ ADDRESS (SITE) 249 EAST HIGHLAND AVE PERMIT NO. 244-05

CONSTRUCTION PERMIT APPLICATION

Application Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: 249 EAST HIGHLAND AVE
2. Name of Owner in Fee: MATT McDONAUGH Tel. (732) 241-0566
   Address: SAME
   (street / municipality / zip code)
3. Ownership in Fee: Public / Private
4. Principal Contractor: Metteon Contracting, LLC Tel. ( ) _____
   Address: 2612 Frederick Terrace, Union, NJ 07083
   License No. OR, if new home, Builder Reg. No.: Tel: 908-687-2666 Exp. Date _____
   Federal Employee No. _____ Fax: 908-964-6607 FAX: ( ) _____
5. Architect or Engineer: _____ Fed ID: 33-1028388 Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work: VICTOR MATTHEWS
   Tel. (908) 687-2666 FAX ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ft.	
3. Area — Largest Floor sq. ft.	
4. New Building Area sq. ft.	
5. Volume of New Structure cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ft.	
10. Wetlands yes	
no	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☒ Alteration	7,400 00								
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	7,400 00								

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group
3. Change in Use Group, indicate Former

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 11-1-05
Control #

Date Issued
Permit # 244-05

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block _____ Lot _____ Qualification Code _____
Work Site Location 249 EAST HIGHLAND AVE
ATLANTIC HIGHLANDS
Owner in Fee MATT MADONNA
Address SAME
Tel (732) 291 0566
Contractor Meltcon Contracting, LLC
Address 2612 Frederick Terrace
Union, NJ 07083
Tel: 908-687-2666
Fax: 908-964-6607
Tel (_____) _____ Fed ID: 33-1028388
Contractor License No. or Builder Registration No TSVH020980
Federal Emp. No _____

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.
Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
ROOF

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other

Joint Plan Review Required:
[ ] Elec [ ] Plumb [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$ 185

Administrative Surcharge $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ 18
TOTAL FEE $ _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area — Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ 7400.00
3. Total (1+ 2) $ 7400.00

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 1-12-07

Date Issued / Permit # 01/6-07

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 4 Lot 19 Qualification Code

Work Site Location 249 East Highland Ave Atlantic Highlands NJ 07716

Owner In Fee: ANATOLY TKACH

Tel. (732) 619-9211 e-mail atkach@earthlink.net

Address (street, municipality, zip code)

Contractor: Quality Electric Tel. (609) 791-9619

Address 15-23 Alden Trl Fair Lawn e-mail

Contractor License No. 8291 Exp. Date 3-31-09

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX. ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

B. Tkach

Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
6		Lighting Fixtures	
4		Receptacles	
8		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
18		TOTAL NUMBERS	$ 75
		Pool Permit/with UW Lights	75
1		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	35
1	8kw	Steam generator	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $ 185

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[✓] Elec. Plans Approved

Date: 1/14/06

Approved by: [signature]

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 8-22-08

Approved by: TKach

INSPECTIONS — Type:	Failure	Failure	Approval	Initial
			Dates (Month/Day)	
Rough			7/23/07	JLS
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv				
TCO				
Other				
Service				
Final	2-26-08	2-27-08	8-22-08	TK
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 4-11-08

Date Issued / Permit # 08-00074

A. IDENTIFICATION--APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO. 1-800-272-1000

Block 4 Lot 19 Qualification Code

Work Site Location 249 E Highland Ave GH Highlands

Owner's Fee Anatoly TKach

Address 249 E Highland Ave GH Highlands

Tel (732) 619-4211

Contractor J. Swanton Fuel Oil Co Inc

Address 314 Sleepy Hollow RD
Red Bank 07701

Tel (732) 671-3835 FAX (732) 671-3178

Contractor License No. 13VH00103900 exp 12/31/08

Federal Emp. No. 22-226-2019

B. ELECTRICAL CHARACTERISTICS

Use Group Present ✓ Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co

Est. Cost of Elec. Work $ 1334-

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

James C Swanton

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Contr. [✓] Exempt Applicant

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	ALL WORK TO CONFORM TO NEC
		Detectors	
		Light Poles	2005 NEC
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	50

1 oil to oil Service Replacement
Connect to existing wiring
Remove/Install

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date 3-20-08

Approved by T.KWch

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date 7-31-08

Approved by T.KWch

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			7-31-08	TC
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

249 E Hi

For Information Call:
Permit No. 2008-0179 & 016-07

APPROVAL FOR ELECTRICAL

	Date	Inspector
[ ] Rough		
[ ] Service		
[ ] Other		
	8-22-08	TK
[✓] Final		

U.C.C. Form F-222A

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 1-12-07

Date Issued / Permit # 016-07

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 4 Lot 19 Qualification Code

Work Site Location 249 East High Gdn Ave
Atlantic Highlands NJ 07716

Owner in Fee: ANATOLY TKACH

Tel. (732) 619-4211 e-mail atkach@earthlink.net

Address

Contractor: Gregg NY Plumb Htg Tel (917) 626-8992

Address 55 Anderson Ave e-mail greg@greggNY.com

Contractor License No. 11075 Exp. Date 06/07

Home Improvement Contractor Registration No. or Exemption Reason (if applicable)

Federal Emp. ID No. 43807987 FAX: (212) 656-1945

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 9,600

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required

Joint Plan Review Required
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date 12-13-06
Approved by: EWR

SUBCODE APPROVAL
[ ] CO [✓] CCO [ ] CA
Date 4/2/07
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			3-7-07	GW
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application

Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
1	Water Closet	20.00
	Urinal/Bidet	
1	Bath Tub	20.00
2	Lavatory	40.00
1	Shower	20.00
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater ~~Tankless~~	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
1	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other steam generator	20.00
	Other	

Administrative Surcharge $	120.00
Minimum Fee $	
State Permit Surcharge Fee $	
TOTAL FEE $	

UCC 0130 (Rev. 12/05) Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received Control # 4-11-08

Date Issued Permit # 08-00074

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

Block 4 Lot 19 Qualification Code

Work Site Location 249 E Highland Ave Cor Highland

Owner in Fee Anatoly Tkach

Address 249 E Highland Ave. Cor. Highlands 07716

Tel (732) 619-4211

Contractor J. Swanton Fuel Oil Co Inc

Address 214 Sleepy Hollow RD Red Bank 07701

Tel (732) 671-3835 FAX (732) 671-3178

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No.

Federal Emp. No. 22-226-2019

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present — Proposed — Fire Alarm System: [ ] New or [ ] Existing

Constr. Class: Present — Proposed — Location of Panel

Heating System [ ] New or [ ] Existing [ ] HVAC Fire Suppression/Standpipe System

Type [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New or [ ] Existing

[ ] Other — Location of Main Control Valve

Location

Fuel Storage Tank:

Fuel Type [ ] Flammable or [ ] Combustible Capacity

Total Cost of Fire Protection Work $ 1333 -

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the [agent of] owner of record and am authorized to make this application.

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Remove/Install 1 oil furnace Oil to oil Replacement - Connect to existing Piping/wiring

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Int		
[ ] CO Detec		
Alarm Devices (i.e. smoke, heat, bells, water/flow)		
Supervisory Devices (i.e. low/high air)		
Signaling Devices (i.e. horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		50
Fireplace Venting/Metal Chimney		
Other See above		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

Carbon Monoxide (CO) alarms are required to be installed in the immediate vicinity of each sleeping area. CO alarms shall be battery-operated, hard-wired or of the plug-in type.

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date 4/8/08

Approved by WMS

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date

Approved by

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 4-11-08
Control #
Date Issued
Permit # 08-00079

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 4 Lot 19 Qualification Code
Work Site Location 249 E Highland Ave Cor Highland's

Owner in Fee Anatoly Tkach
Address 249 E Highland Ave Cor Highland's

Tel (732) 619-4211
Contractor J. Swanton Fuel Oil Co Inc
Address 214 Sleepy Hollow RD
Red Bank 07701
Tel (732) 671-3835 FAX (732) 671-3178
Contractor License No. 1304 0010 3900 exp 12/31/08
Federal Emp. No. 22-226-2019

B. PLUMBING CHARACTERISTICS

Use Group Present ✓ Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 1333 -

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 3/24/8
Approved by

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 2/13/8
Approved by

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Plumbing Contractor [✓] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Oil to ~~Gas~~ Service Replacement	00065
	Other Connect to existing piping	
	Remove/Install	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

U C C F130 (rev 01/04)
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy